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***Bulletin No. 18***  
***August 12, 1983***

**Measles and Rubella - Unwanted Summer Visitors to Alaska**

Measles From Indiana

On June 13 a 21-year-old man was seen at the Providence Hospital Emergency Room. He had developed a rash on his face, shoulders, and trunk after three days of high fever, cough, conjunctivitis, and malaise. The patient revealed that he had arrived in Anchorage on June 1, from a county in Indiana where measles was continuing to occur following a major outbreak at Indiana University in February 1983. A diagnosis of probable measles was made, an acute blood specimen was obtained, and a convalescent scheduled. Efforts were immediately begun to immunize all susceptibles in the "zone-of-risk".

All individuals who after June 7 had any direct or indirect association with the patient or the relatives with whom he was living were considered at risk. It was recommended that at-risk individuals be considered susceptible and given vaccine if they did not have a documented live virus measles vaccination after their first birthday, regardless of prior history of measles disease. It was also recommended that at-risk infants 6-11 months of age receive vaccine immediately and again at 15 months of age.

About 25 at-risk individuals were identified and vaccinated if appropriate. The Infection Control Nurse at Providence Hospital maintained surveillance among hospital personnel. As of August 8, the patient's 24-year-old sister is the only secondary case known to have occurred. Although she received measles vaccine on June 14, she developed prodromal symptoms June 19 and a morbilliform rash on June 22.

The index patient's blood samples confirmed the diagnosis of measles. These two cases are only the second and third confirmed measles cases in Alaska during the past three years. Recent outbreaks throughout the nation have involved young adults rather than young children. The possibility of measles in an adult with a febrile/rash illness should not be ignored. The Section of Communicable Disease Control continues to urge that all fever and rash illnesses be reported (Zenith 1700 or 561-4235) as possible measles or rubella.

(Reported by Daniel Janik, M.D., Municipality of Anchorage Health Department; Mary Lee Cook, RN; Katherine Robinett, RN; Craig Leutzinger, Immunization Coordinator, Section of Communicable Disease Control, and Keith Brownsberger, M.D.)

## Rubella From Germany

On July 19, Cary Jaspers, N.D. (Naturopathic Physician), notified the Epidemiology Office of a febrile rash illness in a 26-year-old unmarried German woman visiting Anchorage. The patient had onset of generalized confluent erythematous macules, initially appearing on the face, three days earlier with fever to 101°F, without chills, cough, conjunctivitis, or joint pains. Post-auricular nodes were noted. The patient ascribed her rash to overindulgence in strawberries. The patient left Germany June 28, had minimal contact with children there or here and was aware of no contact with individuals with rash illness. She was uncertain as to past illness or immunization with rubella. Investigation found no susceptibles who had been in contact with this patient. Rubazyme IgM drawn July 20 was positive. Given that the incubation period of rubella is 14-21 days (median 17 days) and the lack of recent indigenous Alaskan cases, it appears likely that this German visitor was infected before or during her journey to Anchorage.

The last confirmed case of rubella occurring in Alaska was in July, 1982. Because many infants, unimmunized young children, and certain young adult men and women who were neither immunized nor infected as children remain susceptible; there exists a pool of unprotected individuals large enough to sustain the transmission of rubella. Given the risk of severe congenital anomaly in the offspring of a women infected with rubella during early pregnancy, we urge physicians and other health care providers to have a high index of suspicion and to consider the diagnosis of rubella if symptoms include fever and rash. Prompt reporting is essential when the disease is suspected so that outbreak investigations and control can be expedited.

(Reported by Cary Jaspers, N.D.)